

<i>SERFF Tracking Number:</i>	<i>HCAP-125328432</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>West American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026492</i>
<i>Company Tracking Number:</i>	<i>PL20070066F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0006 Other Personal Inland Marine</i>
<i>Product Name:</i>	<i>Pleasure Boat Program</i>		
<i>Project Name/Number:</i>	<i>Forms Revision/PL20070066F</i>		

Filing at a Glance

Companies: West American Insurance Company, American Fire and Casualty Company, The Ohio Casualty Insurance Company

Product Name: Pleasure Boat Program	SERFF Tr Num: HCAP-125328432	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: AR-PC-07-026492
Sub-TOI: 09.0006 Other Personal Inland Marine	Co Tr Num: PL20070066F	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: Linda Baker	Disposition Date: 10/30/2007
	Date Submitted: 10/22/2007	Disposition Status: Approved
Effective Date Requested (New): 01/25/2008		Effective Date (New): 01/25/2008
Effective Date Requested (Renewal): 01/25/2008		Effective Date (Renewal):

General Information

Project Name: Forms Revision	Status of Filing in Domicile: Not Filed
Project Number: PL20070066F	Domicile Status Comments: These changes have not yet been filed in state of domicile.
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 10/30/2007	
State Status Changed: 10/23/2007	Deemer Date:
Corresponding Filing Tracking Number: PL20070066R	

Filing Description:

In accordance with the prior approval filing requirements of your state, we submit for your review revisions to our Pleasure Boat Program. We are revising various forms. The revisions are explained below.

We are converting to a new policy administration system. Some of these revisions are to accommodate this conversion. Others are editorial in nature.

These form revisions correspond to rule revisions submitted under separate cover under rules filing file number

<i>SERFF Tracking Number:</i>	<i>HCAP-125328432</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>West American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026492</i>
<i>Company Tracking Number:</i>	<i>PL20070066F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0006 Other Personal Inland Marine</i>
<i>Product Name:</i>	<i>Pleasure Boat Program</i>		
<i>Project Name/Number:</i>	<i>Forms Revision/PL20070066F</i>		

PL20070066R.

These revisions will apply to all new business and renewal policies written on or after January 25, 2008.

NEW FORMS:

Boat Declarations - This new declarations will be used with our new policy administration system.

REVISED FORMS:

PB-3 (06-07) Pleasure Boat Policy - This form is revised to take out "For Attachment to Homeowners" so it may also be used with a monoline policy. Replaces 01-02 edition. Will also now be used in lieu of PB-3 with a monoline policy.

PB-4 (06-07) Additional Insured Watercraft Liability - This form is revised to add the following note: "Entries may be left blank if shown elsewhere in policy." Replaces 01-90 edition.

WITHDRAWN FORMS

PB-2 (01-90) Pleasure Boat Policy - This form is withdrawn. PB-3 (06-07) will be used in lieu of this form.

Company and Contact

Filing Contact Information

Linda Baker, Product Analyst
9450 Seward Road
Fairfield, OH 45014-5456

Linda.Baker@ocas.com
(800) 843-6446 [Phone]
(513) 603-2160[FAX]

Filing Company Information

West American Insurance Company
9450 Seward Road
Fairfield, OH 45014-5456
(800) 843-6446 ext. [Phone]

CoCode: 44393
Group Code: 111
Group Name:
FEIN Number: 31-0624491

State of Domicile: Indiana
Company Type:
State ID Number:

<i>SERFF Tracking Number:</i>	<i>HCAP-125328432</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>West American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026492</i>
<i>Company Tracking Number:</i>	<i>PL20070066F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0006 Other Personal Inland Marine</i>
<i>Product Name:</i>	<i>Pleasure Boat Program</i>		
<i>Project Name/Number:</i>	<i>Forms Revision/PL20070066F</i>		

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	

The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0396250	

<i>SERFF Tracking Number:</i>	<i>HCAP-125328432</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>West American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026492</i>
<i>Company Tracking Number:</i>	<i>PL20070066F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0006 Other Personal Inland Marine</i>
<i>Product Name:</i>	<i>Pleasure Boat Program</i>		
<i>Project Name/Number:</i>	<i>Forms Revision/PL20070066F</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fire and Casualty Company	\$0.00	10/22/2007	
The Ohio Casualty Insurance Company	\$50.00	10/22/2007	16225651
West American Insurance Company	\$0.00	10/22/2007	

<i>SERFF Tracking Number:</i>	<i>HCAP-125328432</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>West American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026492</i>
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<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0006 Other Personal Inland Marine</i>
<i>Product Name:</i>	<i>Pleasure Boat Program</i>		
<i>Project Name/Number:</i>	<i>Forms Revision/PL20070066F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/30/2007	10/30/2007

SERFF Tracking Number:	HCAP-125328432	State:	Arkansas
First Filing Company:	West American Insurance Company, ...	State Tracking Number:	AR-PC-07-026492
Company Tracking Number:	PL20070066F		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0006 Other Personal Inland Marine
Product Name:	Pleasure Boat Program		
Project Name/Number:	Forms Revision/PL20070066F		

Disposition

Disposition Date: 10/30/2007
Effective Date (New): 01/25/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	HCAP-125328432	State:	Arkansas
First Filing Company:	West American Insurance Company, ...	State Tracking Number:	AR-PC-07-026492
Company Tracking Number:	PL20070066F		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0006 Other Personal Inland Marine
Product Name:	Pleasure Boat Program		
Project Name/Number:	Forms Revision/PL20070066F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter and Form Summary	Approved	Yes
Form	Boat Delcarations	Approved	Yes
Form	Pleasure Boat Policy	Approved	Yes
Form	Additional Insured Watercraft Liability	Approved	Yes
Form	Pleasure Boat Policy	Approved	Yes

SERFF Tracking Number: HCAP-125328432 State: Arkansas

First Filing Company: West American Insurance Company, ... State Tracking Number: AR-PC-07-026492

Company Tracking Number: PL20070066F

TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine

Product Name: Pleasure Boat Program

Project Name/Number: Forms Revision/PL20070066F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Boat Delcarations	n/a	n/a	Declaration New s/Schedule		0.00	Boatowners declaration page.pdf
Approved	Pleasure Boat Policy	PB-3	06 07	Endorseme Replaced nt/Amendm ent/Condi ti ons	Replaced Form #: Previous Filing #:	0.00	PB 3 06 07.pdf
Approved	Additional Insured Watercraft Liability	PB-4	06 07	Endorseme Replaced nt/Amendm ent/Condi ti ons	Replaced Form #: Previous Filing #:	0.00	PB 4 06 07.pdf
Approved	Pleasure Boat Policy	PB-2	01 90	Endorseme Withdrawn nt/Amendm ent/Condi ti ons	Replaced Form #: Previous Filing #:	0.00	



West American Insurance Company

9450 Seward Road, Fairfield, Ohio 45014

1-800-345-6664 www.ocas.com

Boatowner Declaration

POLICY NUMBER:

POLICY PERIOD

12:01 am Standard Time

POLICY TERM:

INSURED

AGENT

AGENT'S PHONE NO

PRODUCER CODE

Dear Policyholder:

**THIS IS
NOT A
BILL**



The Ohio Group of Insurance Companies, along with your Professional Independent Insurance Agent, thank you for your business. Enclosed is information regarding your insurance coverage. Please read these documents very carefully and contact your Independent Agent if you have any questions.

- If you have made additions or improvements to your property or purchased personal items of a significant value, such as furs or jewelry, please contact your Independent Agent to be sure you are properly protected.
- You will receive the billing statement under separate cover.
- The Ohio Casualty Group has enhanced your billing statement and made it easier to read.
- We now offer additional payment options including a no installment fee electronic funds transfer automated payment option. Additional information will be provided.



Policy Reminders

- *Verify that all information is correct.*
- *Call your agent if you have any changes.*
- *File these documents in a safe place.*

Important Messages

To report a claim, call your Agent or 1-800-FON-OHIO (1-800-366-6446)



West American Insurance Company

9450 Seward Road, Fairfield, Ohio 45014
1-800-345-6664 www.ocas.com

Boatowner Declaration

POLICY NUMBER:

POLICY PERIOD

12:01 am Standard Time

POLICY TERM:

AGENT'S PHONE NO

INSURED

AGENT

PRODUCER CODE

SUMMARY OF PREMIUM

Watercraft

TOTAL PREMIUM

DISCOUNTS/CREDITS:

Policy Forms and Endorsements

This policy consists of the declaration page, the forms listed below and your representations on the application that are incorporated into the policy. Please refer to the policy forms for detailed information regarding your coverage.

Policy Forms and Endorsements

If a form is revised during the policy term, the current edition date of the form will be substituted at renewal.
New forms are identified with an asterisk (*).

Title

Form Number

Edition Date

Premium

AUTHORIZED SIGNATURE

To report a claim, call your Agent or 1-800-FON-OHIO (1-800-366-6446)

PLEASURE BOAT POLICY

THE FOLLOWING DECLARATIONS ARE ADDED TO THIS POLICY. INSURANCE APPLIES ONLY TO THE COVERAGES FOR WHICH A LIMIT OF LIABILITY IS SHOWN. THIS COVERAGE IS SUBJECT TO THE DEFINITIONS, EXCLUSIONS, CONDITIONS AND ALL PROVISIONS OF PB-1.

Description of Insured Watercraft

Type	Year Built	Length	Total Ratable H.P.	Mfgr. and Model	Serial No.

Description of Motor(s)

	Type	Year Built	H.P.	Mfgr.and Model	Serial No.
1.					
2.					
3.					

Description of Trailer

Year Built	Mfgr. and Model	Serial No.

Loss, if any, under Section I - Property Coverage is Payable to the insured and

FIRST LOSS PAYEE

SECOND LOSS PAYEE

1ST LOAN NUMBER

2ND LOAN NUMBER

as interest may appear.

Insurance is provided where a premium or limit of liability is shown for the coverage.

Section I - Property Coverage

AMOUNT OF INSURANCE

PREMIUM

A. Watercraft and Permanently Attached Equipment

Outboard Motor(s)

1.

2.

3. _____

Total Watercraft/Motor(s)

Trailer

Portable Equipment and Accessories

(Consisting of portable items manufactured for marine use. We do not cover photographic or water sports equipment or fishing gear. Outboard motors are not considered equipment or accessories.)

Total Trailer/Portable Equipment

SECTION I TOTAL

DEDUCTIBLE - SECTION I:

In case of a loss under Section I, we cover only that part of the loss over the deductible stated.

Section II - Liability Coverage

LIMIT OF LIABILITY

PREMIUM

B Personal Liability

each occurrence

C Medical Payments

each person

D Uninsured Boater

each accident

Water Skiing Medical Expense PB-160

each person

SECTION II TOTAL

TOTAL PREMIUM

*Entries may be left blank if shown elsewhere in this policy for this coverage.

PB-3 (06-07)

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**ADDITIONAL INSURED
WATERCRAFT LIABILITY**

This endorsement modified insurance provided under the PLEASURE BOAT POLICY.

COVERED PERSON (Coverage B) is amended to include as a covered person, the person or organization shown in the schedule below. However, this is only with respect to your ownership, operation, or us of "**your covered watercraft.**"

No other pleasure boat policy written by us and naming the below scheduled person or organization as an additional covered person shall apply as either primary or excess coverage with respect to the coverage provided by this endorsement.

SCHEDULE

Name of Person or Organization

DESCRIPTION OF INSURED WATERCRAFT

Year Built	Mfg and Model

*Entries may be left blank if shown elsewhere in this policy for this coverage.

<i>SERFF Tracking Number:</i>	<i>HCAP-125328432</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>West American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026492</i>
<i>Company Tracking Number:</i>	<i>PL20070066F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0006 Other Personal Inland Marine</i>
<i>Product Name:</i>	<i>Pleasure Boat Program</i>		
<i>Project Name/Number:</i>	<i>Forms Revision/PL20070066F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	HCAP-125328432	State:	Arkansas
First Filing Company:	West American Insurance Company, ...	State Tracking Number:	AR-PC-07-026492
Company Tracking Number:	PL20070066F		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0006 Other Personal Inland Marine
Product Name:	Pleasure Boat Program		
Project Name/Number:	Forms Revision/PL20070066F		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/30/2007
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Comments:

Attached is:
Transmittal Document
Form Filing Schedule

Attachments:

PCTD-1 PB Forms.pdf
PCFFS-1 PB Forms.pdf

Satisfied -Name:	Cover Letter and Form Summary	Review Status:	Approved	10/30/2007
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Comments:

Also attached is a Cover Letter and Forms Summary describing changes.

Attachment:

Paris PB filing letter FORMS.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 45%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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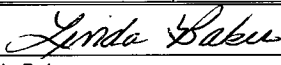
3. Group Name	Group NAIC #
Liberty Mutual Group	0111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Ohio Casualty Insurance Company		0111-24074	31-0396250	
West American Insurance Company		0111-44393	31-0624491	
American Fire and Casualty Company		0111-24066	59-0141790	

5. Company Tracking Number	PL20070066F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Linda Baker 9450 Seward Road Fairfield, Ohio 45014	PL Prod. Analyst	1-800-843-6446 Ext. 2120	513-603-2142	linda.baker@ocas.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Linda Baker

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0006 Other Personal Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Pleasure Boat Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/25/08 Renewal: 01/25/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	October 22, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # PL20070066F

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

In accordance with the prior approval filing requirements of your state, we submit for your review revisions to our Pleasure Boat Program. We are revising various forms. The revisions are explained in detail in the attached filing exhibits.

We are converting to a new policy administration system. Some of these revisions are to accommodate this conversion. Others are editorial in nature.

These form revisions correspond to rule revisions submitted under separate cover under rules filing file number PL20070066R.

These revisions will apply to all new business and renewal policies written on or after January 25, 2008.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT

Amount: \$ 50.00

\$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



October 22, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: THE OHIO CASUALTY INSURANCE COMPANY NAIC #111-24074 FEIN# 31-0396250
WEST AMERICAN INSURANCE COMPANY NAIC #111-44393 FEIN# 31-0624491
AMERICAN FIRE AND CASUALTY COMPANY NAIC #111-24066 FEIN# 59-0141790
PLEASURE BOAT PROGRAM
FORM REVISIONS
OUR FILE NO.: PL20070066F

In accordance with the prior approval filing requirements of your state, we submit for your review revisions to our Pleasure Boat Program. We are revising various forms. The revisions are explained in detail in the attached filing exhibits.

We are converting to a new policy administration system. Some of these revisions are to accommodate this conversion. Others are editorial in nature.

These form revisions correspond to rule revisions submitted under separate cover under rules filing file number PL20070066R.

These revisions will apply to all new business and renewal policies written on or after January 25, 2008.

Should you have questions regarding these revisions or require additional information pertaining to this submission, please do not hesitate to contact me at the number provided below.

To the best of our knowledge, information and belief, this filing is in compliance with the provisions of the insurance statutes, rules and regulations of the state of Arkansas.

Sincerely,

Linda Baker, CPCU, AU
Product Analyst
Personal Lines Property Department
1-800-843-6446, 2120
FAX (513) 603-2160
linda.baker@ocas.com

**FORMS SUMMARY
PLEASURE BOAT PROGRAM**

NEW FORMS

	Boat Declarations	This new declarations will be used with our new policy administration system.
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REVISED FORMS

PB-3 (06-07)	Pleasure Boat Policy	Revised to take out "For Attachment to Homeowners" so it may also be used with a monoline policy. Replaces 01-02 edition. Will also now be used in lieu of PB-3 with a monoline policy.
PB-4 (06-07)	Additional Insured Watercraft Liability	Revised to add Note under schedule indicating "Entries may be left blank if shown elsewhere in policy. Replaces 01-90 edition.

WITHDRAWN FORMS

PB-2 (01-90)	Pleasure Boat Policy	Withdrawn - PB-3 (06-07) will be used in lieu of this form.
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